

12

00-R-0631

Entered 11-17-99 - sb
CL 99L0745 - GWENDOLYN BURNS

CLAIM OF: **JAMES E. PORTER**
116 Saddlebrook Court
Peachtree City, Georgia 30269

For damages alleged to have been sustained
as a result of a vehicular incident on January
16, 1999 on I - 75/85 North exit ramp to
Peachtree Street.

THIS ADVERSED REPORT IS
APPROVED

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY CLERK

REPORT

P.S. + h.A.

5/9/00

C. T. Marks

David Smith

James E. Porter

William J. Smith

William J. Smith

CERTIFIED
MAY 15 2000

CERTIFIED
MAY 15 2000

Rosalind Rubens Newell
MUNICIPAL CLERK

ADVERSED BY
CITY COUNCIL MAY 15 2000



OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6033
FAX (404) 658-6103

June 9, 2000

James E. Porter
116 Saddlebrook Court
Peachtree City, GA 30269

00-R-00631

Dear Mr. Porter:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on May 15, 2000. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division at (404) 330-6400.**

Sincerely,

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: **Claims Division/Law Department**

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0745

Date: April 25, 2000

Claimant /Victim JAMES PORTER

BY: (Atty) (Ins. Co.) _____

Address: 116 Saddlebrook Court, Peachtree City, Georgia 30269

Subrogation: _____ Claim for damages \$ 1,137.12 Bodily Injury \$ _____

Date of Notice: 8/18/99 Method: Written, Proper _____ Improper X

Conforms to Notice: O.C.G.A. §36-33-5 _____ Ante Litem (6 Mo.) _____

Date of Occurrence 1/16/99 Place: I - 75/85 North exit ramp

Department _____ Division _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that his vehicle sustained damage when it was scratched by a piece of wire that was protruding from the wall area of the exit ramp at the above location. However, all state routes are owned, operated and maintained by the State of Georgia Department of Transportation. Furthermore, the claim as presented does not comply with the same requirements of notice as set forth in O.C.G.A. Section 36-33-5(b). The six month statute of limitation expired prior to receipt of the claim.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other X

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

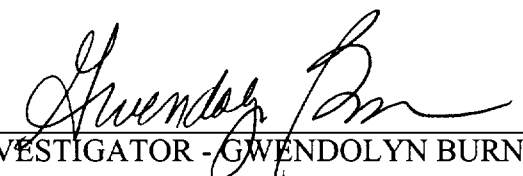
Improper Notice X More than Six Months X Other _____ Damages reasonable _____

City not involved X Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 04-25-00

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date:

8/16/99

BURNS
11/15/99
Gwen Burns

ENTERED - 11-17-99 - SB
99L0745 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 4,137.¹²/₁₀₀ property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 1/16/1999 2. Time of Incident: 11 P.M. 3. Police called: ☒ Yes ☐ No
(month/day/year)

4. Location of incident (including street address): 3200 LATONA DR

5. Name of your insurance company: GA FARM BUREAU MUTUAL Policy No. AFV-748043

6. State what and how incident occurred: Came off rd from westside of town, got on 75/85 North. When exiting off at Crawford Long Hospital - Peachtree St. - Came around curved area of exit ramp. A piece of barbed wire jutting out of wall area ran the length of the car on passenger side. Called 911 twice officer never responded. Filed report by phone.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: 1998 BUICK REGAL LS JAMES E. PORTER
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: LINDA C. DAVIS 770-944-5969
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

James E. Porter
Signature of Claimant

00-R-0631

JAMES E. PORTER

(Print Claimant's Name)

116 SADDLEBROOK CT

(Address)

PEACHTREE CITY, GA 30269

(City, State and Zip Code)

404-768-5900

(Work Number)

770-486-1886

(Home Number)